

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES**

INQUIRY TO OPERATE A MATERNITY HOME

Name of Applicant/Administrator:

Mailing Address:

Phone Number:

E-Mail Address:

Agency Name:

Agency Site Address (No P. O. Boxes):

List County/Counties to be Served:

Type of Agency: ☐ Maternity Home

Classification of Agency: ☐ For Profit; ☐ Not For Profit

Business Structure (Choose One): ☐ Sole Proprietorship; ☐ General Partnership;
☐ Limited Partnership; ☐ Limited Liability Partnership; ☐ Limited Liability Company;
☐ Professional Limited Liability Company; ☐ C Corporation; ☐ S Corporation;
☐ Commissioners or Appointed Officials of a Government Unit (Public Agencies)

Is the agency registered with the North Carolina Secretary of State's Corporation Division? ☐ Yes; ☐ No If "Yes," what is the exact wording of the agency's registered name?

Are you or any of the owners currently operating a maternity home, child placing agency or residential child care facility (group home) in North Carolina or any other state? ☐ Yes; ☐ No If "Yes," give names and addresses of the agencies:

Have you or any of the owners previously operated a maternity home, child placing agency or residential child care facility (group home) in North Carolina or any other state? ☐ Yes; ☐ No If "Yes," give names and addresses of agencies and dates they were licensed:

Have you or any of the owners been an owner, co-owner, partner, shareholder, principal, or affiliate of a licensed facility or agency that was assessed a penalty, had its license revoked, suspended or downgraded to provisional? ☐ Yes; ☐ No If "Yes," explain:

Administrator's Educational Experience [Degree(s); Name(s) of College(s) or University(ies); Dates of Attendance]:

Administrator's Work Experience [Names and Addresses of Employers, Dates of Employment, Positions Held, Description of Duties]:

Have you ever pled "guilty" or "no contest" to or been convicted of a crime other than minor traffic citations? ☐ Yes; ☐ No If Yes, explain:

Have you ever been substantiated for child abuse and/or neglect or disabled adult abuse and/or neglect? ☐ Yes; ☐ No If Yes, explain:

Do you have a criminal, social or medical history that will adversely affect your capacity to work with children and adults? ☐ Yes; ☐ No If Yes, explain:

AUTHENTICATING SIGNATURE: The undersigned certifies that the above information and the information attached are accurate and true representations. The undersigned further understands that the submission of this inquiry does not guarantee that the undersigned will receive a license to operate a maternity home.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

ATTACH THE FOLLOWING:

- A Needs Assessment for the county/counties you plan to serve [At a minimum describe the clients you plan to serve, the number of clients you anticipate needing your service, funding sources, referral sources (list agencies that will refer clients to you), any other documentation that describes the need for your service(s)].
- A proposed line-item budget detailing expenses and revenues. Include your fee schedule. Include specific sources of revenues. Describe your plan for meeting your budgetary needs during the first year of operation.
- The names of three references with addresses and phone numbers [two of the references must be from current or former employers]. If you operated a maternity home, child-placing agency, or residential child care facility (group home) in another state provide the name, address and phone number of a contact person with the licensing authority in that state.
- A list of all the owners (co-owners, partners, shareholders, principals, affiliates) of the maternity home with their full legal names, addresses, phone numbers and social security numbers. Indicate percentage of ownership for each owner.
- A list of the members of the Governing Body (Board of Directors, Partners, etc.). Give the name, address and term of membership of each member. Identify each officer and the term of the office.
- A certified copy of your college transcripts. [Please note the Administrator must have a bachelor's degree from a college or university accredited by the Association of Colleges and Schools and no less than four years work experience in a human services program including supervision, administration, and management. The social work supervisor must have a minimum a master's degree in social work or related area of study from an accredited school, and at least two years of social work experience; or a bachelor's degree and four years of experience in social work or related field. Social Workers must have either a master's degree in social work or related field of study from an accredited school, or a bachelor's degree in social work or a related field and two years experience working directly in human services}.
- Documentation that you have at least four years experience in a human services program including supervision, administration, and management.

Submit this Inquiry Form to:

Mr. Kevin Kelley
 Division of Social Services
 Administrative Services
 Mail Service Center 2408
 Raleigh, NC 27699-2408

Administrative Rules for Maternity Homes are found in North Carolina Administrative Code Chapter 10A, Subchapters 70F and 70K. These rules can be accessed at the following web site: <http://www.dhhs.state.nc.us/dss/licensing/> Please review these rules.